

Victorian Women with  
Disabilities Network



**Victorian Women with Disabilities Network**  
**Advocacy Information Service**



Women's Health  
Victoria

**A Framework for**  
**INFLUENCING CHANGE**  
**Responding to Violence**  
**against Women with**  
**Disabilities**

**2007-2009**

# ACKNOWLEDGEMENTS

The Victorian Women with Disabilities Network Advocacy Information Service (VWDN AIS) would like to acknowledge all those who contributed to this Framework and in particular Tricia Malowney (VWDN), Marilyn Beaumont (Women's Health Victoria), Chris Jennings (Domestic Violence and Incest Resource Centre), Norma Seip (VWDN), Karleen Plunkett (VWDN), Maria Nicolau (Women's Health East), Bree Oliver (DV VIC), Fiona McCormack (DV VIC), Helen Makregiorgos (Casa House), Sarah Waters (Family Life), Donna Swan (Federation of Community Legal Centres), Lucy Wickham (Casey Cardinia Community Health), Rachael Green (Family Violence Unit, Department for Victorian Communities), Claire Thorn (Office for Disability, Department for Planning and Community Development), Anna Donne (Disability Services Division, Department of Human Services) and Melanie Eagle (Department of Justice).

For assistance with production of the Framework:

Mark Curtis of the BMD Group, Hawthorn East

**Prepared by Keran Howe for**

**The Victorian Women with Disabilities Network Advocacy  
Information Service (VWDN AIS)**

## **Contact Details**

Telephone: (03) 9662 3755  
Fax: (03) 9663 7955  
Email: [vwdn@vwdn.org.au](mailto:vwdn@vwdn.org.au)  
Website: [www.vwdn.org.au](http://www.vwdn.org.au)

# CONTENTS

1.	EXECUTIVE SUMMARY	4
2.	BACKGROUND	6
3.	SCOPE AND DEFINITION OF THE ISSUE	7
4.	THE EXTENT OF THE PROBLEM	8
5.	THE ISSUES FOR WOMEN WITH DISABILITIES	9
6.	PRINCIPLES UNDERPINNING THE FRAMEWORK	10
7.	KEY MESSAGES	11
8.	THE CURRENT POLICY CONTEXT	12
9.	IMPLEMENTATION OF GOVERNMENT POLICY	15
10.	THE ROLE OF VWDN AIS: INFLUENCING CHANGE	17
11.	INFLUENCING WOMEN'S CAPACITY TO ADVOCATE	21
12.	INFLUENCING DATA COLLECTION AND RESEARCH	22
13.	INFLUENCING ACCESS TO INFORMATION FOR WOMEN WITH DISABILITIES	24
14.	EVALUATION OF THE FRAMEWORK	25
15.	SUMMARY OF VWDN AIS VIOLENCE RESPONSE STRATEGIES	26
16.	REFERENCES	28

# 1. EXECUTIVE SUMMARY

The Victorian Women with Disabilities Network Advocacy Information Service (VWDN AIS) recognises the right of women to live free of violence. It further recognises violence against women occurs regardless of socio-economic status, cultural or linguistic background, age, sexuality, religious belief and ability or disability.

Women with disabilities experience violence at a significantly higher rate than other women and have greater difficulty in accessing support services. There is a critical need for government policy and services to take account of the needs of women with disabilities in responding to violence. This Framework outlines a plan to guide the work of the VWDN AIS. It targets family violence and sexual assault as priority areas of concern. It recognises that women residing in a range of domestic environments including their own homes, boarding houses and supported accommodation are vulnerable to physical, sexual and psychological violence. Women with disabilities are also vulnerable to violence from both paid and unpaid carers providing personal support. Some domestic environments specific to women with disabilities fall outside the current definition of family violence.

This Framework seeks to intersect with the Victorian Government's Family Violence and Sexual Assault Reform Strategies that are currently being implemented under the Fairer Victoria Policy.

## **The key issues identified within this Framework are:**

1. Women with disabilities have a right to live free of violence and fear.
2. The extent of violence experienced by women with disabilities is a critical and significant problem. To date the policy and service response has been inadequate.
3. Responding to women with disabilities experiencing violence is a mainstream cross-departmental issue that must be integral to all policy and program development responding to violence.
4. Women with disabilities must be represented at key planning forums concerned with preventing and responding to violence.
5. Education is required to help women with disabilities identify when they experience violence and to provide information in appropriate formats.
6. Specific resources are necessary to build the capacity of all relevant service sectors to develop the skills and knowledge needed to respond to women with disabilities. To achieve this:

- Competency standards and accredited training on violence against women must include standards and training related to responding to women with disabilities.
  - Funding specifications and agreements must reflect inclusion of women with disabilities in service responses with appropriate allocation of funds.
7. Further research is required on the extent and nature of violence experienced by women with disabilities, and the systemic factors which increase women with disabilities' vulnerability to violence.

**The key strategies identified for the VWDN AIS to address violence against women with disabilities are:**

1. Continue representation on key statewide advisory and governance committees and explore further opportunities to represent the needs of women with disabilities at 5 regional or sub regional family violence integration committees.
2. Provide specific input with regard to the Homelessness Assistance Services Standards (HASS) of Practice and the Counselling and Support Standards of Practice to ensure the inclusion of the needs of women with disabilities.
3. Provide advice and information to the statewide and regional family violence integration committees about the needs of women with disabilities who experience violence.
4. Work with Disability Services Division, Department of Human Services, to develop and implement a training model for service sectors and encourage workforce development in relevant sectors to take account of women with disabilities.
5. Provide collaborative advocacy to support the implementation of the recommendations of the Federation of Community Legal Centres' Report, *Making Rights Reality*.
6. Provide input to VicHealth's literature review and Violence Prevention Framework.
7. Advocate for the enactment of a broader definition of family violence to recognise the diverse domestic arrangements of women with disabilities.
8. Provide information, support and mentoring to women with disabilities who are committed to representing the needs of women with disabilities who experience violence.
9. Continue to develop working relationships with relevant organisations to address the needs and rights of women with disabilities at all levels.

10. Advocate for the disaggregation of data re disability as part of data collection by all services responding to violence across all sectors.
11. Encourage the further development of research evaluating the provision of support for women with disabilities who experience violence.
12. Promote and encourage the dissemination of information on healthy relationships and accessing support services for women and girls with disabilities.

## **2. BACKGROUND**

The Victorian Women with Disabilities Network Advocacy Information Service (VWDN AIS) has been funded by the Department of Human Services to advance the rights of women with disabilities to full citizenship with equity of opportunity, safety, health and wellbeing. The VWDN AIS is a partnership between the Victorian Women with Disabilities Network and Women's Health Victoria.

The Service has identified three priority issues as the focus of its work:

- addressing violence against women with disabilities,
- ensuring the rights of women with disabilities to be parents and to receive adequate and appropriate support as parents and
- ensuring access to health services for women with disabilities.

The approaches the VWDN AIS has adopted to achieve these priorities are:

- Influence community organisations to be inclusive of women with disabilities
- Influence disability organisations to prioritise gender issues
- Support the leadership and education skills amongst women with disabilities
- Influence government policy and legislation

### **3. SCOPE AND DEFINITION OF THE ISSUE**

The term "violence against women" means any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life (The UN Declaration on the Elimination of Violence Against Women, Article 1).

Women with disabilities experience violence that is common to all women. Women with disabilities also experience forms of violence that are particular to their situation of societal disadvantage, cultural devaluation and increased dependence. For example, sterilisation is a procedure that is notorious for having been performed on young women with disabilities for various purposes (Brady et al, 2001). A person seeking to control a woman with a disability, in a dependent relationship can: withhold medication or impose too much medication; remove equipment essential to independence such as a wheelchair, cane, walking aid; prevent access to communication aids such as a phone or communication board; withhold personal care essential to daily living and exercise psychological abuse with regard to a woman's disabilities (Nosek et al, 2006).

Chenoweth argues that "women with disabilities typically occupy positions of extreme marginalisation and exclusion that make them more vulnerable to violence and abuse than other women. Practices such as overprotection, segregation, and a prevailing view that women with disabilities are simultaneously asexual and promiscuous all increase the incidence of abuse and violence rather than prevent it". (Chenoweth 1996).

Marie Barile notes that the exclusion of disabled women from mainstream services, coupled with the lack of appropriate funding for their organisations, and the experience of poverty for individual women with disabilities, renders more difficult the task of those responding to members' needs. The inaction that allows the cycle of poverty and violence to continue in the individual and collective lives of women with disabilities furthers institutional, systems-based violence (Barile 2002).

This Framework targets family violence and sexual assault as priority areas of concern and strategic opportunity. Violence that falls outside the current definition of family violence, for example violence perpetrated by paid and unpaid carers, is also considered within this Framework. Similarly, the needs of older women with disabilities who experience violence are considered within this Framework.

## 4. THE EXTENT OF THE PROBLEM

Regardless of where a woman lives, or the nature of her disability and/or her social circumstances, women with disabilities are more vulnerable to violence than other women (Brownridge, 2006). However, the extent of violence tends to vary depending on the type of disability a woman has, the environment in which she lives and the severity of her disability. In Australia, there has been extremely limited empirical research on the extent of violence against women with disabilities, although there have been a number of papers underpinned by qualitative research that call for legislative reform and radical change to address violence against women with disabilities. Overseas research confirms that women with disabilities experience violence more often than non-disabled women. Brownridge found women with disabilities in general experienced intimate partner violence 40% more often than other women (Brownridge, 2006). This is consistent with a study undertaken in Australia by Judith Cockram (Cockram, 2003).

For women with cognitive disabilities, 83% may experience sexual assault in their lifetime (Sobsey and Doe, 1991). Carlson suggests domestic violence amongst people with intellectual disabilities is congruent with finding of sexual assault amongst people with intellectual disabilities (Carlson, 1997).

A number of studies identify particular types of abuse that are specific to women with disabilities. These include emotional, sexual and physical abuse that are disability related e.g. withholding equipment such as wheelchairs and white canes, withholding food and medication or over-medicating, limiting access to communication devices and threats of institutionalisation (Curry, Hassouneh-Phillips et al. 2001; Nosek, Foley et al. 2001).

Within the context of marginalisation, women with disabilities who experience violence find they have less information about what constitutes violence; experience high levels of social isolation and increased dependence on a perpetrator; they are often not believed when reporting; they have greater difficulty accessing support services and may experience lower self-esteem that results in 'tolerating' violence. These factors make it harder for women with disabilities to leave (Carlson 1997; Homel, 1999; Howe, 2000; Wisseman, 2000; Nosek, Foley et al. 2001; Hassouneh-Phillips et al. 2001)

## **5. THE ISSUES FOR WOMEN WITH DISABILITIES**

A discussion paper presented to the Statewide Steering Committee to Reduce Family Violence on behalf of VWDN (August, 2005) analysed the issues of family violence that are a pressing need for women with disabilities. Whilst the paper focussed on family violence, the points articulated are relevant to other forms of violence against women with disabilities, including sexual assault.

These issues are:

- systemic factors that increase the likelihood women with disabilities will experience violence;
- the lack of opportunity for women with a disability to participate in and inform the broader debate on addressing violence;
- the absence of Australian research and data to clarify the extent and nature of the problem and create evidence-based responses;
- the dearth of information available to women with disabilities about violence and ways to address it, especially women with cognitive disabilities;
- a dearth of information about disability and violence for the general community;
- the lack of training for workers responding to violence, as well as disability and community service workers, about the needs of women with disabilities and of women caring for children with disabilities who are at risk of, or experience, family violence;
- the need for collaboration between disability service providers and the family violence sector;
- the barriers that prevent access to family violence crisis services including physical inaccessibility and attitudes of workers to women with disabilities;
- the failure of police and court systems failure to provide appropriate responses to women with disabilities who experience family violence.

## **6. PRINCIPLES UNDERPINNING THE FRAMEWORK**

The strategies to improve policy and service responses for women with disabilities who experience violence are underpinned by the following principles:

- Strategies will take account of VWDN AIS's current knowledge and skill base as a newly formed and developing Service.
- The Service has a small resource base; it is important to maximise the impact of advocacy to influence both policy and service delivery.
- Strategies will be realistic and achievable within the agreed time frame.
- Strategies will improve the VWDN organisational capacity to advocate on these issues.
- Strategies will build on the work already undertaken by VWDN and its partners.
- Strategies will impact across the relevant sectors: family violence, sexual assault and disability.
- There will be a focus on all levels of prevention, early intervention response to violence against women.
- Strategies will take a system-wide approach seeking to influence at state, regional and local level wherever possible.
- The Framework will seek sustainable outcomes that can continue to influence sectors effectively.

## 7. KEY MESSAGES

In advocating for a broad commitment to address violence against women with disabilities, the following key messages are promoted:

1. Women with disabilities have a right to live free of violence and fear.
2. The extent of violence experienced by women with disabilities is a critical and significant problem and to date the policy and service response has been inadequate.
3. Responding to women with disabilities experiencing violence is a mainstream cross-departmental issue that must be integral to all policy and program development responding to violence.
4. Women with disabilities must be represented at key planning forums concerned with preventing and responding to violence.
5. Education is required to help women with disabilities identify when they experience violence and to provide information in appropriate formats.
6. Specific resources are necessary to build the capacity of all relevant service sectors to develop the skills and knowledge needed to respond to women with disabilities. To achieve this:
  - Competency standards and accredited training on violence against women must include standards and training related to responding to women with disabilities.
  - Funding specifications and agreements must reflect inclusion of women with disabilities in service responses and incorporate appropriate funding to facilitate inclusion.
7. Further research is required on the extent and nature of violence experienced by women with disabilities, and the systemic factors which increase women with disabilities' vulnerability to violence.

## 8. THE CURRENT POLICY CONTEXT

### A Fairer Victoria

A Fairer Victoria, the Victorian government's social policy, commits government to "a profound change in the way all of us respond to family violence because family violence has serious social and economic consequences for families, communities and society".

Underpinning this policy is the view that the family violence "service systems need to be more responsive and co-ordinated, and that community awareness and understanding needs to be raised. We also need to give priority to reducing the risk of family violence for the future." A Fairer Victoria makes a commitment of \$35.1 million over four years to prevent and reduce family violence and aims to distribute funds which will increase training of all family violence services, including the justice system.

A Fairer Victoria also commits to the importance of access to justice in addressing disadvantage, protecting human rights and supporting victims of crime. It commits \$31 million over four years to reform the criminal justice system's response to sexual assault. This includes extra court resources to create specialist sexual offences lists in the Magistrates' and County Courts, a dedicated prosecution team in the Office of Public Prosecutions, new forensic nurses and two dedicated centres bringing police and victims' support under one roof. It commits to "provide new crisis care services for victims in rural locations, a major expansion of sexual assault counselling services and establish voluntary treatment programs for 15 to 18 year olds to reduce juvenile offending". (A Fairer Victoria, 2005)

Within these family violence and sexual assault strategies, specific reference is not made to the particular issues of violence against women with disabilities. At a broader level however, the policy does commit to making access to public services easier for people with a disability to access through the development of disability action plans for each department. "The Disability Action Plans of all government departments will include innovative ways of improving employment opportunities, physical access and communication about services, consultation about policies and services and improved staff understanding and awareness of disability issues". One of the key initiatives from departmental plans will be "the representation of people with a disability on departmental boards, committees and advisory groups". (A Fairer Victoria, 2005)

## **Women's Safety Strategy 2002-2007**

The Women's Safety Strategy provides a detailed Framework for the government's commitments to addressing violence against women over a five year term. The key directions of the strategy are:

### **Protection and Justice**

The strategy focuses on: reforming criminal law and procedure; increasing reporting and reducing attrition; improving support and advocacy for women; the police response to violence against women; improving pathways between police and other services and improving responses to psychological and emotional abuse.

### **Options for Women**

Improving the range of options available to women including the barriers to seeking assistance; providing information to women through universal services; increasing awareness amongst family members and friends; enhancing the capacity, quality and flexibility of services; supporting women to remain in the home and assisting the healing process.

### **Violence Prevention and Education**

Supporting a mix of primary, secondary and tertiary prevention activities; providing consistent messages across sectors; ensuring violence prevention initiatives reflect the gender differences; supporting education and violence prevention programs in schools; targeted communication activities; encouraging involvement and ownership; professional education; responding in an appropriate manner to men who use violence and creating safer public places.

### **Community Action and Co-ordination**

A stronger community role in addressing violence with better co-ordination between agencies. This includes: valuing communities' role and strengthening communities' capacity to address violence against women; supporting rural and regional communities; supporting 'communities of interest' in improving women's safety; moving toward an integrated response to family violence and supporting best practice and evaluation.

## **Victorian State Disability Plan 2002-2012**

The Victorian State Disability Plan seeks to redress the social discrimination and marginalisation of people with disabilities. With regard to violence against women the Plan seeks to "Promote people's rights" to ensure that support providers, and the Victorian community as a whole, respect, promote and safeguard the rights of people with a disability.

It specifically states the need to:

- Ensure access to appropriate support for people with a disability who have experienced, or are at risk of experiencing, physical, emotional or sexual assault, or sexual harassment; and
- Support the criminal justice system (police, courts, corrections and other organisations) to better respond to the needs of people with a disability. This includes building closer working relationships between the Department of Human Services and justice agencies.

## **The Disability Act 2006**

The Disability Act 2006 became fully operational on 1 July 2007. The Act provides the framework for a whole-of-government approach to enable people with a disability to more actively participate in the life of the community. The Act is guided by the principles of human rights and citizenship including the right to live free from abuse, neglect and exploitation. The Act provides substantial reform to the law for people with a disability in Victoria including strengthening systems for complaints

It does so by ensuring disability service providers have a system for effectively managing complaints made by people with a disability and their representative; establishing an independent Disability Services Commissioner to investigate and conciliate complaints relating to disability services and providing an additional mechanism for review by the Victorian Civil and Administrative Tribunal.

## **Victoria Police Code of Practice**

The Victoria Police Code of Practice for the Investigation of Family Violence outlines how police will respond to reports of family violence and emphasises that all such reports will be treated seriously by police. The Code's main aims are safety and support for victims, early intervention, investigation and prosecution of criminal offences, and minimisation of family violence in the community. It gives police greater flexibility to work in partnership with specialist service providers, where appropriate, and to provide the best service to the victim. Referral agencies and other specialist services are listed within the Code.

It recognises disadvantage due to factors such as isolation, cultural differences, language barriers, disabilities, gender and age.

Whilst consolidating legislation and police policy, the Code introduces the following:

- A referral, either criminal or civil option depending on the victim's circumstances
- Police to respond to the needs of children
- Police to investigate all breaches of an intervention order

- Supervisors to be more accountable for police actions
- Family violence advisors placed in regions across Victoria
- A case conferencing process to allow cases to be reviewed.

## Other relevant policy areas

Under the Fairer Victoria Policy, the Office for Disability was established in 2006. It is responsible for a whole-of-government approach to policy and programs and making housing, transport, buildings, jobs, health and other services more accessible for Victorians with a disability.

The Office for Disability administers funding for the Disability Advocacy Programs in Victoria, including the VWDN AIS. The Office supports the implementation of Disability Action Plans in all government departments, agencies and local governments. It also has responsibility, in consultation with the Victorian Disability Advisory Council, to provide expert advice to government about how to include people with disability in policy development.

The Victorian Government has also committed practical assistance in the 2006–2007 Budget of \$5.9 million over four years for a range of measures to support the safety, security and dignity of older people based on the recommendations in the *Strengthening Victoria's Response to Elder Abuse* Report. The Department for Victorian Communities, Office of Senior Victorians has been given lead responsibility for developing and maintaining this whole-of-government policy framework.

## 9. IMPLEMENTATION OF GOVERNMENT POLICY

### Integrated Family Violence Reform

The Family Violence and Communication Change Management Strategy (Department for Victorian Communities, 2006) outlines the priorities for family violence reform:

- The establishment of regional co-ordination and planning structures
- Working together to provide quality services for clients
- Development of clear referral pathways and intake processes
- Continuous improvement strategies
- Access by Indigenous Victorians

- Access by diverse groups
- Focus on children and young people
- Developing critical linkages
- Workforce development to support quality services.

## Sexual Assault Reform

A number of initiatives are being coordinated by the Sexual Assault Reform Unit, (SARU), as part of the Department of Justice's Sexual Assault Reform Package:

- The establishment of multidisciplinary centres by Victoria Police
- Introduction of sexual assault forensic nurses
- Introduction of specialist sex offences lists (Magistrates' and County Courts)
- Introduction of specialist prosecutors
- Establishment of a child witness service
- Establishment of a treatment program for 15–18 year olds
- Introduction of a Victims' Charter.

The Department of Human Services is responsible for:

- Enhanced counselling and crisis care services for victims of sexual assault
- Treatment programs for children who sexually offend or display inappropriate sexualised behaviours.

## Violence Prevention Framework

A key aspect of government policy to address family violence is the development of a Violence Prevention Framework. This is being overseen by the Interdepartmental Committee on Family Violence and is being developed by VicHealth.

## **10. THE ROLE OF VWDN AIS: INFLUENCING CHANGE**

### **Influencing the Family Violence Integration**

Clearly the implementation of the family violence reforms provides a framework for the VWDN AIS to take advantage of opportunities to influence both the family violence and disability sectors in responding to women with disabilities who experience family violence. The priority given to continuous monitoring and improvement provides an opportunity to ensure women with disabilities are included in the collection and review of data, in the clients' experience of the service system, in cross-sector issues and sharing good practice models. The sharing and documenting of good practice and service innovation on a regional and statewide basis will be critical to the success of the reform approach.

***Strategy 1: Continue representation on key statewide advisory and governance committees and develop further opportunities for representation of the needs of women with disabilities at 5 regional or sub regional committees.***

The current representation that the VWDN undertakes on statewide committees provides an opportunity to influence implementation of government policy and service delivery.

Regional committees will consider strategies to ensure that services are appropriately provided to specific population groups and that access to services is monitored. In addition to coordination across the key sectors of police, justice and family violence services, it is anticipated that significant work will need to occur with related sectors to garner support for the family violence reforms.

Links with organisations such as regional providers of services for people with a disability would assist committees to ensure women with disabilities receive comprehensive and appropriate referral. Representation on behalf of women with disabilities at the regional family violence committees would seem a key point of strategic intervention to ensure services across the state are able to consider the needs of women with in their planning and implementation of services. This might be through:

- the direct involvement of women with disabilities
- the involvement of Rural and Metro Access workers (disability-specific)

- the involvement of services which have responsibility for both family violence services and disability services taking ownership of issues for women with disabilities or
- the involvement of specific disability advocacy services/service providers who have an interest in gender concerns.

***Strategy 2: Provide specific input with regard to the Homelessness Assistance Services Standards (HASS) of Practice and the Counselling and Support Standards of Practice to ensure the inclusion of the needs of women with disabilities who experience violence.***

The advisory and governance bodies responsible for the development of standards of practice are an important point of intervention for ensuring standards reflect access for women with disabilities. Standards developed to support and guide workers include: Code of Practice for Specialist Family Violence Services (DV Vic 2006); Homelessness Assistance Service Standards (HASS); Practice Standards for Family Violence Counselling and Support Programs for Women and Children; and Men's Behaviour Change Group Work: Minimum Standards and Quality Practice (No To Violence, 2005).

***Strategy 3: Within resource constraints, provide advice and information to the statewide and regional family violence integration committees and family violence services about the needs of women with disabilities who experience violence.***

Opportunities to provide information to both statewide and regional committees on the specific needs of women with disabilities who experience violence will also be a critical means of raising awareness of committees' responsibility in addressing these issues. This might take place through:

- VWDN AIS direct presentations,
- peak body representation eg Domestic Violence Victoria (DVVic), or
- a funded project to highlight the needs of women with disabilities across the state.

The major constraint to the VWDN AIS's capacity to undertake this work will be staff resources. In the initial period, the Service will target five regions and seek additional staff support to achieve this.

***Strategy 4: Work with Disability Services Division (DSD) to develop and implement an appropriate training model for disability and family violence sectors and encourage workforce development to take account of violence against women with disabilities.***

As part of the family violence reform, a workforce development and training program is being implemented, commencing with introductory training that is being delivered by North Melbourne Institute of Technology. This will complement existing family violence training and professional development activities currently provided by the Domestic Violence and Incest Resource Centre (DVIRC), No To Violence and DV Vic and the broader training programs funded through DHS Office of Housing.

The Learning and Development Unit, DSD, is seeking to provide funding for training of disability workers in conjunction with family violence workers across the state. This training model will utilise the resources developed by Women with Disabilities Australia (WWDA) and will include a reprint of *More than just a ramp: A Guide to Developing a Disability Action Plan for Refuges* and a booklet for women with disabilities who experience violence as well as for family violence services. The VWDN AIS will provide advice and support in the development of this model and will assist in devising an appropriate implementation plan. A reference group was convened in February 2007.

This training model and information resource could be incorporated into workforce development undertaken across relevant government departments, courts and community organisations regarding violence against women.

VWDN AIS could play a role in utilising these resources to build capacity in family violence and disability services at all levels. However, to support and resource workforce development, the VWDN AIS will require additional staff resources.

## **Influencing Sexual Assault Reform**

***Strategy 5: Provide collaborative advocacy to support the implementation of the recommendations of the Making Rights Reality Project Report.***

There is a complex range of initiatives and training programs being carried out under the Sexual Assault Reform Package as outlined above. The Federation of Community Legal Centres Project, Making Rights Reality, is responsible for advocating for the rights of women with cognitive and communication disabilities within the Victorian service system.

The Project has identified a series of recommendations pertaining to the need for:

- specialised advocacy for women with cognitive and communication disabilities;
- training for the judiciary, court personnel, police and sexual assault service workers;
- information in accessible formats for women with cognitive and communication disabilities;
- implementation of the Victorian Law Reform Commission's recommendations with regard to women with cognitive disabilities as victims of sexual offences.

The VWDN AIS is represented on the Making Rights Reality Project Reference Group and provides advice and support to the Project with regard to the needs of women with disabilities. This ensures that the work of the VWDN AIS and the Making Rights Reality Project is effectively co-ordinated and that duplication is avoided.

## Influencing Violence Prevention

### ***Strategy 6: Provide input to VicHealth's literature review and Violence Prevention Framework.***

The major focus of the government initiative with regard to prevention of violence against women is the development of the Violence Prevention Framework by VicHealth. This Framework will form a basis for policy and program development in Victoria with regard to violence prevention. It is therefore vital to ensure women with disabilities remain integral to this work. The VWDN AIS has advocated to ensure women with disabilities is an identified population group within this Framework and has agreed to provide a literature review to VicHealth regarding research on preventing violence toward women with disabilities.

## Influencing Law Reform

### ***Strategy 7: Advocate for the enactment of a broader definition of family violence that recognises the range of domestic arrangements of women with disabilities.***

As part of the review of the Family Violence Laws, the Victorian Law Reform Commission recommended the current definition of 'family member' be amended to include 'a person who has, or has had, a relationship with the original person involving the original person's dependence or partial dependence on that person for paid or unpaid care' (VLRC, 2006). This amendment seeks to recognise the many forms of

violence against women with disabilities who reside in a range of domiciles and who may experience control and abuse of power similar to those experienced within a family from persons with whom the woman has an ongoing relationship and on whom she has reliance for physical and/or practical support.

VWDN's policy is to support the implementation of this recommendation to ensure that the same legal rights and appropriate access to support services is available to women with disabilities who experience violence regardless of the nature of their household setting.

## **1 1. INFLUENCING WOMEN'S CAPACITY TO ADVOCATE**

***Strategy 8: Provide information, support and mentoring to women with disabilities representing women with disabilities who experience violence.***

A core principle of VWDN AIS is that women with disabilities must be directly involved in advocating for change. Traditionally others have advocated on behalf of women with disabilities and this approach fails to redress the marginalisation and devaluation that women with disabilities experience within the social system.

There are a number of challenges in carrying out this approach:

- Structural barriers to participation such as access to public transport
- Lack of exposure to the family violence service culture
- Individual women lack a supportive environment in which to represent the issues
- Some women lack experience in advocating at policy level
- The provision of practical support such as Auslan interpreter or attendant carer.

The role of VWDN AIS is to ensure that women with disabilities are resourced, supported and mentored in their leadership roles. The VWDN AIS is well positioned with a data base of information regarding violence against women with disabilities and a knowledge of the networks addressing violence against women. The Service can match women who express an interest in representation with appropriate opportunities and can resource individual women, disability advocacy groups, partner organisations and other community organisations with information, support and mentoring.

***Strategy 9: Continue to develop effective working relationships with relevant organisations committed to addressing the needs and rights of women with disabilities at statewide, regional and local levels.***

There are a number of organisations which are committed to addressing the disadvantage that women with disabilities face and with which VWDN AIS has collaborated in raising awareness of these issues. VWDN has developed both informal and formal partnerships with these organisations. They include Domestic Violence Victoria, the Domestic Violence and Incest Resource Centre (DVIRC), Women's Health Victoria, regional women's health services, regional and local family violence services, Women with Disabilities Australia, the Federation of Community Legal Centres, Rural and Metro Access workers and disability advocacy services.

Clearly, to effectively achieve the strategies identified, further resources are required. Resources are needed to ensure the capacity of VWDN AIS and its partner organisations to influence government policy, community and organisational attitudes and standards of service and practice with regard to women with disabilities. VWDN AIS will seek the support of these partner agencies to access further funding resources to implement these strategies.

## **12. INFLUENCING DATA COLLECTION AND RESEARCH**

***Strategy 10: Advocate for the disaggregation of data on the incidence of disability by services responding to violence across all sectors.***

There is ongoing concern about the invisibility of women with disabilities as users of family violence services. The absence of adequate data collection means that there is no evidence to support funding services to respond to women with disabilities.

This gap in data is evident in key state and national reports that have not disaggregated data on women with disabilities:

- Australian Bureau of Statistics (ABS) Women's Safety Survey 1996
- ABS Personal Safety Survey 2005
- Victorian Community Council Against Violence: Five Year Family Violence Database Report vol. 2, 1999-2004

Data must be collected at all service entry points including Victoria Police, Courts, Victims of Crime Assistance agencies, family violence and sexual assault services.

***Strategy 11: Encourage the further development of research on the extent and nature of violence against women with disabilities and evaluation of the provision of appropriate supports for women with disabilities who experience violence.***

Reports and papers have consistently documented the lack of research in Australia investigating the extent and nature of violence against women with disabilities (Cattalini, 1993; Frohmader, 1999; Howe, 1999).

Judith Cockram has undertaken a quantitative and qualitative analysis of the nature and extent of family and domestic violence against women with disabilities who accessed services in Western Australia, and whether the needs of women with disabilities were being adequately addressed (Cockram, 2003).

In Victoria, Kelly Johnson and associates undertook an extensive qualitative analysis of the issues facing people with intellectual disabilities in their sexual lives (Johnson et al, 2001).

At the Domestic Violence and Incest Resource Centre (DVIRC), Chris Jennings undertook action research to identify the service delivery issues for women with disabilities (DVIRC, 2003). This research identified the issues in resourcing and supporting disability services and family violence services to respond to women with disabilities and to work collaboratively.

In Victoria, an action research series has investigated service issues associated with sexual offences against women with disabilities (Disability Discrimination Legal Service, 2003; Swan, 2006)

**These research projects recommend establishing:**

- Data collection across all sectors to include statistics on the incidence of disability
- Research into incidence and nature of violence against women with disabilities
- Collaboration between services responding to violence against women and disability support services
- Education for women with disabilities on healthy relationships and sexual health
- Information for women with disabilities in accessible formats
- Advocacy models that support women during the formal reporting process
- Effective methods of communication with women with disabilities by family violence service providers.

It is of critical importance that universities and government departments undertaking research in the area of violence against women focus specifically on research that addresses the issues once identified. Within its limited resource capacity, the VWDN AIS should seek to influence relevant institutions to undertake this research.

### **13. INFLUENCING ACCESS TO INFORMATION FOR WOMEN WITH DISABILITIES**

***Strategy 12: Promote and encourage the dissemination of information on healthy relationships and accessing support services for women and girls with disabilities.***

As noted above, violence prevention requires the recognition that women and girls with disabilities are sexual beings who need the same access to information about healthy relationships and sexual health as other women and girls. The lack of a consistent approach to education and information for women and girls with disabilities is regarded as a key factor in women with disabilities experiencing vulnerability to violence and, for some women, their confusion as to what constitutes violence and where to go for help.

In 2007, it is anticipated that Women with Disabilities Australia will issue a reprint of the Information Kit *'It's not OK, it's Violence'* aimed at women with disabilities. This booklet will give women with disabilities information about what constitutes family violence and how to seek help.

The absence of a consistent approach to sex education in schools and supported accommodation settings should be addressed within both the sexual assault reform strategy and the family violence prevention framework. This requires a collaborative approach between disability services, family violence and sexual assault services, education providers and relevant government departments.

Funding for family violence prevention must ensure inclusion of young people with disabilities in education campaigns and prevention initiatives.

## **14. EVALUATION OF THE FRAMEWORK**

An evaluation plan has been developed as part of the process of overall evaluation of the VWDN AIS which will utilise the following questions to monitor the success of the Service:

- What are the outcomes of VWDN AIS activities with respect to policy, service provision and a gendered approach to disability service provision?
- How has the VWDN AIS built capacity for advocacy for women with disabilities?
- How has VWDN AIS created and used opportunities for representation, participation and linkages with VWDN members, women with disabilities and AIS personnel?
- What strategic partnerships have been established and what is their perceived value?
- How might strategic partnerships be further developed and strengthened?

Within this broad evaluation plan, the activities undertaken by the VWDN AIS toward effective implementation of this Framework will be identified. A survey of key stakeholders will be undertaken to evaluate the success of the VWDN'S Framework with regard to addressing violence against women with disabilities.

## 15. SUMMARY OF VWDN AIS VIOLENCE RESPONSE STRATEGIES

Strategy	Outcome sought	Relevant Organisations	Timeline
1. Continue representation on key statewide advisory and governance committees and develop further opportunities for representing the needs of women with disabilities at 5 regional or sub regional committees.	VWDN representation on Statewide Steering Committee to Reduce Family Violence and regional or sub regional committees. Representation will be sought on 5 committees in Hume, Southern, Barwon, Gippsland and Grampians regions.	Family Violence Unit; Disability Liaison Officers, Regional Disability Advocacy Services; Rural/Metro Access workers; Regional Family Violence committees; Women's Health Services.	Mar 2007 - ongoing
2. Provide specific input to the HASS standards of practice and the Counselling and Support Standards of Practice to ensure the inclusion of the needs of women with disabilities.	Counselling and Support Standards of Practice and HASS Standards recognise the needs of women with disabilities.	Family Violence Unit; Office for Children; Office of Housing, DV Vic .	Mar 2007– Dec 2007
3. Inform statewide and regional family violence committees and family violence services about the needs of women with disabilities who experience violence.	All regional family violence integration committees have access to information on women with disabilities and violence.	Integrated Family Violence Lead Positions; DVVic; DVIRC; Regional Family Violence committees	Mar 2007 - ongoing
4. Work with Disability Services Division to develop and implement a training model for disability and family violence sectors and encourage workforce development initiatives to take account of the needs of women with disabilities.	A model for training is available to disability services and family violence workers at local level. Training programs on violence against women in all relevant sectors include the issues for women with disabilities.	Disability Services Division, DVIRC, tertiary institutions, Training Co-ordinators within Victoria Police, Department of Justice and Department of Human Services.	Mar 2007 – Mar 2009
5. Provide collaborative advocacy to support the implementation of the recommendations of the Making Rights Reality Project Report.	Implementation of recommendations from the Making Rights Reality report.	Federation of Community Legal Centres, South East CASA and CASA Forum.	Mar 2007 – Dec 2008

<b>Strategy</b>	<b>Outcome Sought</b>	<b>Relevant Organisations</b>	<b>Timeline</b>
6. Provide input to VicHealth literature review and development of the Violence Prevention Framework.	Women with disabilities included as a population sub group in the violence prevention framework.	VicHealth	Jan – Dec 2007
7. Advocate for the enactment of a broader definition of family violence to recognise the range of domestic arrangements common to women with disabilities.	The definition of family violence includes carers of people with disabilities.	Department of Justice, Federation of Community Legal Centres, DVVic.	Feb – Dec 2007
8. Provide information, support and mentoring resources to women with disabilities representing women with disabilities who experience violence.	Six women with disabilities providing informed representation and advocacy on statewide and regional committees.	Leadership Victoria, Disability advocacy services, individual women with disabilities	Jan 2007 - ongoing.
9. Continue to develop effective working relationships with statewide, regional and local organisations to address the needs and rights of women with disabilities.	Effective collaboration with a range of family violence and disability service providers.	Statewide and regional Family Violence Services, Advocacy services, Women's Health Services.	Mar 2007 - Ongoing.
10. Advocate for the disaggregation of data re disability as part of data collection by services responding to violence across all sectors.	Data on women with disabilities experiencing violence is collected, collated and reported in the 5 year family violence data base report.	Police, family violence and sexual assault services, courts and government departments.	Apr 2007 - Jun 2009
11. Encourage further development of research evaluating the provision of support for women with disabilities who experience violence.	Key research on violence ensures women with disabilities included within evaluation methodologies.	Universities; philanthropic trusts.	Jan 2007 - ongoing
12. Encourage access to information on healthy relationships and accessing support services for women and girls with disabilities.	Women and girls with disabilities have access to appropriate information to understand and seek help when violence occurs.	WWDA, DVIRC, VicHealth Disability Services Division, DHS	Jun 07 - ongoing

## 16. REFERENCES:

1. Barile, M. (2002). "Individual-systemic violence: disabled women's standpoint." Journal of international women's studies 4(1)
2. Brady, S., Briton, J., and Grover, S., The Sterilisation of Girls and Young Women in Australia: Issues and Progress. Copyright Human Rights and Equal Opportunity Commission, April 2001.
3. Brownridge, D. A. (2006). "Partner Violence against Women with Disabilities: Prevalence, Risk, and Explanations." Violence Against Women 12(9): 805-822.
4. Carlson, B. E. (1997). "Mental retardation and domestic violence: an ecological approach to intervention." Social Work 42(1): 79-89.
5. Cattalini, H., (1993) Access to services for women with disabilities who are Subjected to Violence. Canberra: Australian Government Printing Service.
6. Chenoweth, L. (1997). "Violence and women with disabilities: silence and paradox" in Cook, S., and Bessant J., Women's Encounters; Australian Experiences. Thousand Oaks, CA. Sage Publications
7. Cockram, J. (2003). Silent voices: Women with disabilities and family and domestic violence, Women with Disabilities Australia website.
8. Curry, M. A., D. Hassouneh-Phillips, et al. (2001). "Abuse of women with disabilities: an ecological model and review." Violence Against Women 7(1): 60-79
9. Department for Vic Communities (2006) Family Violence Communication And Change Management Strategy, Family Violence Unit, Department for Victorian Communities, Melbourne.
10. Frohmader, C., (1999) Women with Disabilities and Violence – a report of the National WWDA Violence Workshop. Published by WWDA, Canberra.
11. Goodfellow, J., Camilleri, M., (2003) Beyond justice, beyond belief: the difficulties for victim/survivors with disabilities when reporting sexual assault and seeking justice. Final report of Stage One of the Sexual Offences Project, Disability Discrimination Legal Service.

12. Hassouneh-Phillips, D. (2005). "Understanding abuse of women with physical disabilities - An overview of the abuse pathways model." Advances in Nursing Science **28**(1): 70-80.
13. Homel, R. (1999). Preventing violence: A review of the literature on violence and violence prevention, Crime Prevention Division of the NSW Attorney General's Department.
14. Howe, K. (1999). "Violence against women with disabilities - An overview of the literature." Women against Violence, 7: 11-21.
15. Jennings, C., (2003) Triple Disadvantage: Out of sight, Out of Mind, Domestic Violence and Incest Resource Centre, Melbourne.
16. Johnson, K., L. Hillier, et al. (2001). People with intellectual disabilities living safer sexual lives, Australian Research Centre in Sex, Health and Society, La Trobe University.
17. Nosek, M. A., C. C. Foley, et al. (2001). "Vulnerabilities for abuse among women with disabilities." Sexuality and Disability **19**(3): 177-89.
18. Nosek, M. A., Hughes, R. B et al. (2006). "Disability, psychosocial, and demographic characteristics of abused women with physical disabilities." Violence against Women **12**(9): 838-850.
19. Sobsey, D. and Doe, T. (1991) 'Patterns of Sexual Abuse and Assault'. Sexuality and Disability, **9**(3): 243-259.
20. Swan, D., (2006) Advocacy: Making Rights Reality For Sexual Assault Victim/Survivors With A Cognitive Impairment. Federation of Community Legal Centres, Melbourne.
21. Victorian Law Reform Commission (2006) Review of family violence laws. Victorian Law Reform Commission, Melbourne.
22. Wisseman, K. (2000). "You're my pretty bird in a cage." Impact **13**(3): 1, 24